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HEALTH SERVICES IN AN URBAN COMMUNE  
AND A RURAL COMMUNE

- COMMUNIST CHINA -

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FULLY DEVELOP THE ROLE OF BLOCK (TI-TUAN) HEALTH  
AND MEDICAL NETWORKS

- COMMUNIST CHINA -

[Following is a translation of an article prepared by the Ch'i-hsing-kang People's Commune Committee of the Central District, Chungking Municipality in Jen-min Pao-chien, Volume 11, No. 7, Peiping, July 1960, pp 384-387.]

Ch'i-hsing-kang People's Commune was established in September 1958 at the height of the big leap forward in industrial and agricultural production, the increasing political consciousness of the inhabitants and the rural communization movement. It incorporated those districts (ch'u) formerly under the jurisdiction of Ch'i-hsing-kang, Hua-i-ts'un and Chung-i-lu street administrative offices (chieh-tao pan-shih-ch'u) as well as Chung-hsing-lu and Hsin-min-chieh street administrative offices. The commune has a population of 76,178 people, of which 18,310 or 24.2% of the population are affiliated to state organizations, state-owned factories, stores and public schools. The remaining 57,868, or 76.8% of the population, are residents of the streets. Among the residents of the streets, there are 37,605 children and youth, representing 64.98% of the population and 20,263 adults, representing 35.02% of the population. Among the adults, more than 90% are family members of workers and poor laborers.

The establishment of the people's commune has fully demonstrated its unsurpassed superior "big and public" character and its immense vitality. Upon the establishment of Ch'i-hsing-kang People's Commune, the women of its 14,316 families have discarded the burden of their domestic chores and taken up posts in production and construction thus releasing the labor force of women and fully developing the productive potentiality in our community. Among our streets, "everybody is busily engaged in productive endeavor and there

is no idle person in the families." As a result of utilizing our community's productive potentiality, the supply of labor and production have been greatly increased. Following the establishment of our commune, the 53 commune-operated factories have manufactured, processed and repaired some 2,000 different kinds of products for the large-scale factories, mines and industrial enterprises within this municipality. At the same time, they have also repaired various types of machineries and installed spare parts for the suburban areas as well as some 80 hsien in the province, and also produced more than 8,000 kilograms of chemical fertilizer and alum thus rendering effective support to agricultural production, transforming this municipal area from consumption to production, and from idleness to utility. The organization of Ch'i-hsing-kang residents to participate in production has not only created wealth for our country, increased revenue for the commune but also greatly improved the individual livelihood as a result of increased production. In organizing the people's production and livelihood, we have adhered to the direction of the municipal committee, i.e., "combining production, livelihood, and education in one undertaking with emphasis on production." Thus we have united and coordinated the work of the entire commune to form the "six networks," i.e., the network of public mess hall, the network of child-care, the network of service, the network of planned commodity supply, the network of health and medical care, and the network of savings, and have implemented the public mess hall system and collective education of children.

Following communization, the commune's welfare and service undertakings have also been gradually expanded as a result of the continuous development of production. Up to now, the commune has established 41 public mess halls with 95% of the residents participating in them and 216 child-care centers taking care of more than 70% of the children (not including the temporary child-care organizations) thus basically accomplishing the objectives of conversion to public mess hall system and collective education of children. Besides, the commune is also operating an old folks' home, where 52 old people, who are unable to work and support themselves, are fortunate enough to pass their remaining years. The very ideal of providing care for the infants, education for the young, employment for the strong, and support for the old, helpless, and handicapped has been fulfilled by the unsurpassed, superior "big and public" character of the people's commune.

In the fields of culture, education and health, the

commune has also made substantial progress with the establishment of the Red Specialists' School (Hung-chuan Hsueh-hsiao). In the area of political education, the commune has organized 231 study groups (hsueh-hsi hsiao-tsu) for the study of Mao Tse-tung's writings, in which there are 6,700 participating members, resulting in the elevation of the members' political consciousness. In the area of after-work education, we have succeeded in educating 2,000 young and adult illiterates and popularized elementary education. At the present, we have seven after-work elementary schools (yeh-yu hsiao-hsueh), three middle schools (chung-hsueh) and one college (ta-hsueh) forming an integrated after-work educational system. Besides, the commune has also established an industrial middle school (kung-yeh chung-hsueh) with over 400 students and a complete elementary school with 1,400 students. The enrollment includes all school-age children. The commune has further established one after-work cultural work organization (yeh-yu wen-kung t'uan), ten after-work cultural work teams (yeh-yu wen-kung tui), one cultural station (wen-hua chan) and 85 cultural rooms (wen-hua shih) and libraries (t'u-shu shih), greatly improving the people's cultural lives.

In the field of health work, we have at the present two state-owned municipal hospitals, the Second People's Hospital (Ti-erh Jen-min I-yuan) and Gynecological and Obstetric Hospital (Fu-ch'an-k'o I-yuan), one collective commune-owned hospital (Ch'i-hsing-kang Commune Hospital), six branch health offices and 36 block health-protection stations within the jurisdictional district of our commune. Within the district of our commune, we have 278 technical health cadres assigned by the state, 55 commune technicians and 59 unattached doctors. Among them, there are 51 senior technicians, 220 intermediate technicians and 62 basic technicians with technicians of intermediate class or above occupying 0.354% of the commune's total population. In 1958, we open the organization of a health and medical network with the commune hospital as its center. The commune has one hospital, two outpatients' departments (men-chen pu), six branch health offices (wei-sheng so), three simple obstetric hospitals (chien-i ch'an-yuan), factories (kung-ch'ang), child-care centers (t'o-erh so) and 146 block health-protection stations (ti-tuan wei-sheng pao-chien chan). The residents' section is staffed with a part-time health-protection representative, who works through the organization of health and medical network. Thus, the regular work for the control of pests and diseases is developed effectively ensuring the physical health of the people and enhancing the development of production.

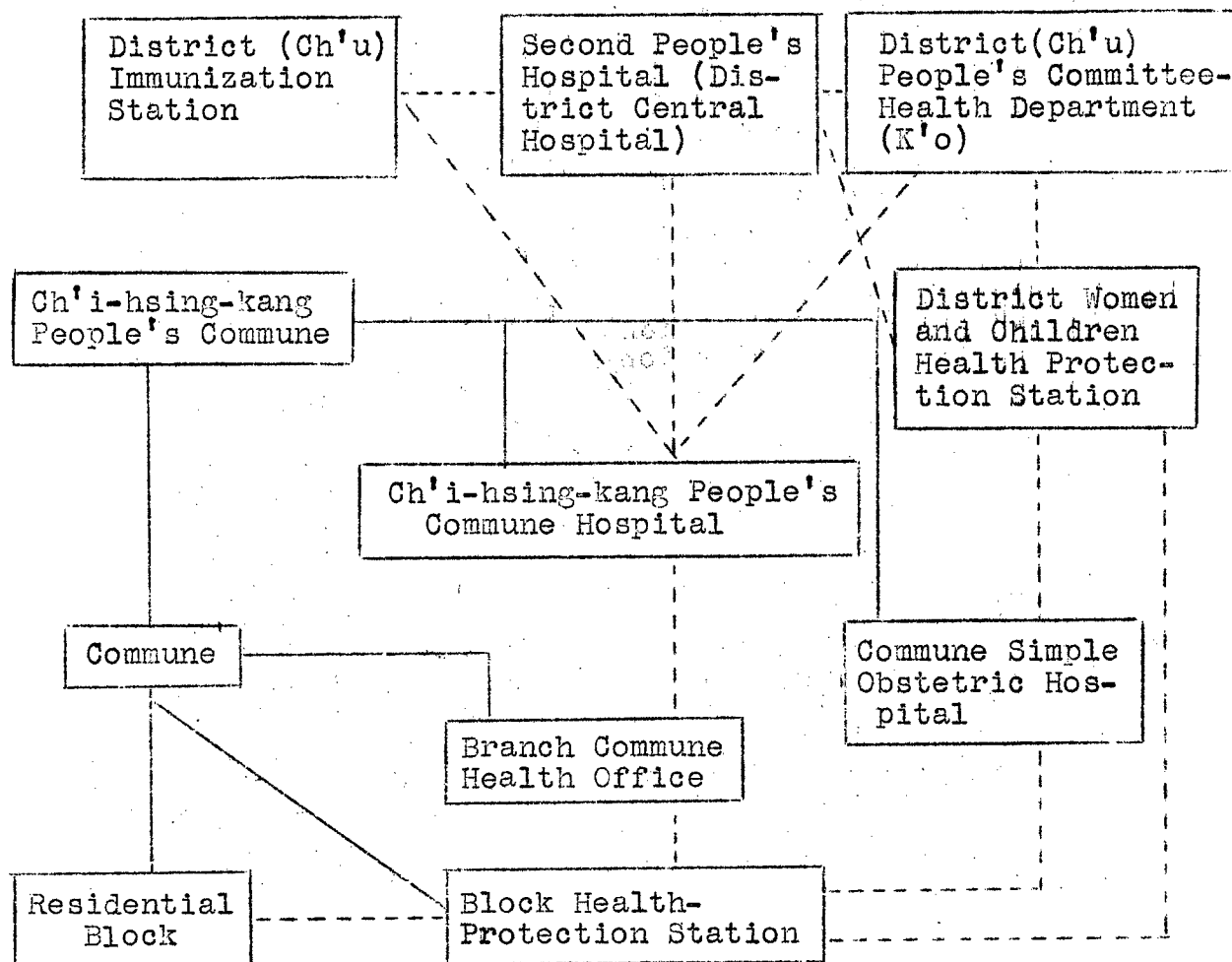
The Ch'i-hsing-kang People's Commune has been established for more than a year, and in organizing the people's production, their economic and cultural lives, we have recognized the increasing scope and importance of health work under the new conditions, and the objective environment demands that such work must fulfill the function of expediting production and guiding the people's livelihood. Therefore, under the forceful leadership of municipal committee and regional committee, we have strengthened the direction of health work and placed it in an important position among the commune's work program as well as included it in the regular agenda of the commune's Party Committee for periodic discussion and implementation of the "prevention comes first" policy in health work. Concurrently, we have designated health work as a part of the important programs in the total organization of the people's production and livelihood to be closely coordinated with other work, thus realizing the objective of health supervision and bringing the other work, especially production, collective welfare and service undertakings, into conformity with health requirements. In practice, we have principally adhered to the correct policy of our Party's Central Committee to use the hospital as the center to expand preventive work, direct local operations and develop block health and medical work as well as work closely with the district's central hospital (the Second People's Hospital). In the formulation of work plans for the commune's district health work, the study of problems, and summing up of experience, we have always invited the Second People's Hospital to participate in joint discussion, decision-making, and form joint plans of action for the hospital and commune, which is the hospital's block health work and also a part of the commune's overall planned livelihood for the people. In this manner, the hospital and commune are able to proceed in the correct direction with unified action, coordinated steps, concrete tasks and accomplish their tasks on the basis of a common objective. Thus, we have been able to form a relatively complete health and medical network to cover the entire district of the commune with the hospital as its center. This "network" is closely linked with the other "networks" of the commune to form an organic body of interaction, interdependence and coordinated activities, to embody the commune's triple tasks of production, livelihood and education.

The organizational form of our commune health and medical network adopts the hospital as its center to organize all the health and medical forces within its jurisdictional district. Under the unified leadership of the commune's Party



and executive organs and the operational guidance of the district central hospital, we have developed the fourfold activities of medical prevention, immunization, women and children's health protection and health popularization under one systematic network. It covers all the health work and activities within its district. In organizational leadership, we have adopted the "two grade system". A grade I people's commune (jen-min kung-she i-chi) is equipped with commune hospital; grade I block (ti-tuan i-chi) is equipped with block health-protection station. Branch commune (fen-she) is not equipped with grade I organization. To provide greater convenience to the sick people and reduce the congestion at the outpatients' departments, the commune hospital assigns a health office to every branch commune. This organizational form is adopted principally because the greater concentration of population in the municipal central district and the availability of relatively superior medical facilities. The commune hospital and block health-protection station belong collectively to the commune. Their financial and managerial work are under the unified direction of the commune, but with independent budget, profit control and subsidy by the commune in case of deficit. The staff's wages are paid by the commune on the basis of wage standards for technical health personnel. The block health-protection station is staffed either with a full-time station chief or representative, all of whom have been withdrawn from productive activities and undergone professional and technical training. Their wages are paid by the commune according to the lowest standard for basic technical health staff. The organizational chart of the various health and medical organizations is given as following:

Organizational Chart of Ch'i-hsing-kang  
Health and Medical Network



Within our administrative district, the Second People's Hospital (district central hospital) is responsible for the operational direction of all health and medical work. Under the unified planning of the commune's Party Committee, it has the concrete responsibility to direct and support the operations of commune hospital, train and educate the basic health personnel of factories, schools, child-care centers, mess halls, food and service enterprises within its

district. It is responsible for the control of epidemics, immunization and vaccination, development of health popularization and education, solution of problems that the commune hospital cannot solve, investigation and research in occupational diseases, chronic ailments, labor conditions and adoption of preventive measures. The district central hospital also takes concrete charge of one branch commune (Chung-I branch commune) and supervise its block health and medical work. As a control center, it sums up and popularizes work experience and directs the work of the entire commune.

The Ch'i-hsing-kang People's Commune Hospital is the commune's central hospital under the direct leadership of commune Party and executive organs. In operational area, it is under the direction of the District People's Committee Health Department and the guidance of the district central hospital. Its principal task is the responsibility for health popularization, education, immunization and health protection within its district. It is also responsible for the training of basic health personnel and treatment of ordinary diseases. In operation, it exercises direct control over six health offices and 36 block health-protection stations.

Branch commune health offices are established to offer immediate and convenient attention to sick people and reduce the pressure on the hospital's outpatients' departments. It organizes the unattached independent doctors (basically the Chinese doctors) to staff the six health offices attached to the branch communes. Their principal task is the treatment of sicknesses and diseases. The staff members are affiliated to the commune hospital. They are, in other words, the branches and outpatients' departments of the commune hospital. They are not grade I organizations.

The block health-protection stations are the basic organizations of the health and medical network. Their principal task is to organize and initiate the patriotic health movement among the residents of the block of stamp out pests, control disease and pay closer attention to matters of health enabling them to learn simple medical technique to take care of minor injuries and sicknesses so that they need not seek help from outside of the block. There are also various other types of health organizations within each individual unit of the commune, such as the young supervisors and red scarf little hospitals in the schools, the workshop health representatives in factories, the health bags (tai) in child-care centers, isolation wards, and health representatives. The aforesaid basic organizations

are the vital forces in the development of our block health and medical work. During the several health spot-inspection movements and regularization of health work, there have appeared numerous active health-supporters from the rank and file, progressive units and progressive individuals, who form the backbone of the mass health work.

With regard to the remaining few unattached doctors (59 persons), we have also included them in our health and medical network, assigning them to attend to the patients, make use of their active elements and allow them to develop their individual specialties.

The formation of health and medical network has greatly promoted the health work of the commune. We have closely united the health work with organization of the people's economic livelihood until it is not only a kind of commercial service but also capital construction for health. For example, following the proposal of the problem of periodic bathing and hair-cutting for the commune members, we proceeded to establish simple bathrooms and barbershops in each block in proportion to the number of residents. Although this looks like a kind of commercial service, actually it is also capital construction for health, because only through the provision of such material foundation, can the target for bathing and hair-cutting be fulfilled. Again, with the continuous improvement of the people's production and the degree of collective livelihood, we have, in the organization of the people's economic livelihood, made special provisions for the care of the old, the weak, the sick, the crippled and the pregnant. On the basis of their different requirements, we provide them with special care, such as the Longevity Hall for the old, the Red Infant Garden for the young and the Health and Recovery Garden for the sick, etc. Under the present shortage of supplementary food items, we have ensured that Longevity Hall and Health and Recovery Garden receive the essential supplies so that the old and the weak would have suitable nourishment. Some of the convalescent patients in Health and Recovery Garden have gained from 6-8 chin in 15 days as a result of their receiving ample nourishment. Due to the increasing demand for milk, there is a shortage of supply, but we provide the essential supply to Red Infant Garden ensuring constant supply to nursing infants. These activities appear to be commercial in nature, but actually once we have recognized that health work requires our concern for the people in many ways, we would find such planning meaningful in organizing the people's economic livelihood.

We can appreciate that the coordination of health

work with the total organization of the people's livelihood, especially the organization of the people's economic livelihood, is the most positive, active and fundamental health work. In so doing, we have fully demonstrated the function of health work in expediting production and guiding the way of life. It has also demonstrated the continuous expansion of its scope and elevation of its position.

In the field of specialized health work, we have emphasized the grasping of the "five one" experiment in large area bumper harvests. By concentrating our efforts upon mess halls and child-care centers (kindergartens), we proceed to implement factory health, mess hall health, child-care center (kindergarten) health, school health and block residential health.

Factory Health Protection Work: The commune-operated factories established after the communization of Ch'i-hsing-kang have revealed many characteristics: the scattered location of factories, their simple and inadequate housing and productive equipment, the predominating number of women among the labor force, etc. Therefore, factory health work must be adapted to local conditions, coordinated with production and developed gradually. To begin with, we selected Chi-tien Factory and Lao-pao Factory as our testing ground. Based upon the concrete conditions of these factories, we have adopted a series of measures for the prevention of diseases and protection of health. Among the female workers, we have put into effect, the "three transfers and three non-transfers" (i.e., during the period of menstruation, pregnancy, and nursing, work may be transferred nearer to home but not farther away from home, to cleaner work but not to dirtier work, to lighter work but not to heavier work), registration of sickness and a system of identification during menstruation. We have also improved ventilation and lighting fixtures in the workshops. During the summer months, we provided drinking water and tea, ensuring that they were sanitary and cool. The health representative in the workshops has established a work schedule for periodic visits to the workshops for inspection and treatment. Last year, under the direction of the Second People's Hospital, we opened a training class for workshop health representatives and trained 15 workshop health representatives equipped with common medicines. The health representatives are generally capable of attending to simple bandaging and treatment of simple sickness. For example, with the establishment of health-protection cabinet in the steel factory affiliated directly with the Ch'i-hsing-kang People's Commune, the workers could attend to minor burns themselves and thus

reduced the rate of absence due to injury and sickness, raised the attendance record and ensured the completion of productive tasks.

Public Mess Hall Health Work: After communization, there has been a rapid development in public mess halls, which have proved to be very convenient for the working mass. In view of the fact that many of these mess halls have been established in a short period of time, the cooks and kitchen staff are lacking in knowledge about sanitation and health. Therefore, it remains an urgent task at present to educate the kitchen staff and mess hall administrative personnel to acquire the correct outlook on health matters, to understand the basic knowledge about health and nutrition and to improve their culinary skills in order to ensure the people's physical health and minimize the outbreak of sicknesses and diseases. For over a year now, we have emphasized the training of the kitchen staff with regard to diet and health matters. Last year, we started seven training classes and withdrew 278 persons from production to undertake training in basic knowledge about diet and health. Among the commune-operated mess halls, we selected Ssu-te Ts'un mess hall as a trial and improved the mess hall as a symbol of progress. With the assistance of the Second People's Hospital, we have established and improved various health procedures concerning food sanitation, utensil sterilization and increasing variety of food. Therefore, it has received enthusiastic support from the people, and at present there are 1,400 people using the mess hall.

Child-Care Center Health-Protection Work: The basic health problem of child-care centers calls for the rapid improvement both in quality and quantity of health and child-care staff and training of kitchen staff in acquiring knowledge concerning nutrition, health and culinary skills. We established training classes for child-care center cooks and kitchen staff and took turns in training the cooks and kitchen staff members of various child-care centers. Some 80 persons have undergone such training during a three-day session and attended 8-hour class periods every day. In the evenings, there were discussions centering on the problem of nutrition and food sanitation for infants and young children. Through proper training and practice, their professional standard has been raised very rapidly. Ch'i Hsiu-hua, cook for the An-tung-tung Branch Commune children's mess hall, said: "through training, I have acquired an asset. I love cooking and am more enthusiastic than ever." Right now, every child-care center within the jurisdictional district of our commune is staffed with a dietitian. Last

year, we initiated the movement to develop the forces of local medical care. First of all, we took control of several child-care centers with greater frequency of sickness, and enforced early isolation of patients and immediate medical attention thus actively developing the training and education of health protection staff. Within the last year, we have given 198 lessons to the health protection staff members, provided them with basic knowledge concerning infant life and physical characteristics, and prevention and isolation of contagious diseases and established various health and sanitation procedures, such as segregation of utensils, diaper control, ventilation of bedrooms, sterilization of toys, segregation of towels, etc. We have provided special training to kitchen staff concerning sanitation, nutrition and culinary skills. After proper training, they are generally capable of composing the children's menus, avoiding repetition of same menu within one week, and creating new dishes thus greatly improving the children's standard of health. Besides, we also organized three training sessions on infant care enabling the attendants to learn about measuring temperature, early observation of contagious diseases and preparing reports. The health-protection staff members have also learned the application of "Mei-hua-chen" and "Pa-ho-kuan." For example, the health protection staff member of Liu Hu-lan Child-Care Center, under the guidance of the Second People's Hospital, succeeded in using "Mei-hua-chen" to swiftly arrest the spread of mumps and acute pneumonia and obtained outstanding results. At the present, all the child-care centers in our district are furnished simple medicines for external and internal application and children's health-protection bags. The child-care center for young children has also established a medical room which can be used as a temporary isolation ward. At present, 96.2% of all the child-care centers and kindergartens in our commune are free from sicknesses. After communization, 10 of the 26 child-care centers have been rated as the commune's progressive child-care centers. Among them, the Liu Hu-lan Child-Care Center and Huang-chia-ya-k'ou No. 7 Infants' Room have been awarded as the progressive units of the city.

School Health Protection Work: The basic problem of school health work is how to train the children to acquire healthy habits and establish a prevailing desire for cleanliness and good health. Therefore, based on the children's characteristics, we have adopted many varieties of lively and interesting devices to promote health education. During the first six months of last year, we selected the

the Chung-i-lu Elementary School as a point of trial, and established a red scarf little hospital. The school authority assigned a room, equipped it with a simple sick-bed and some common medicines and established certain procedures for out-patients' visit, diagnosis, registration and statistics, and cleaning and sanitation. The little hospital has two directors and twelve health staff members, all of whom were selected from the student body because of their active interest in health matters. Under the practical training of the Second People's Hospital, they acquired certain basic knowledge about health, learned the usage of some 20 common medicines as well as the technique of hypodermic injection and vaccination. Under the guidance of the directors, the 12 staff members took turns on duty and utilized spare time for health education and popularization or remained in the little hospital to attend the patients. As a result, the students with minor sickness or injuries need not venture outside of the school for medical attention. Through these activities, the children have acquired valuable training, published blackboard newspapers and written editorials of more than 300 words on "The Evil of Spitting" as well as created cartoons depicting "meningitis infection because of refusal to wear mouth cover" thus effectively promoting the children's health work. During 1 June Children's Day last year, the health staff members of this little hospital were assigned the responsibility of taking charge of the health work during the mass meeting and were awarded a honorary scroll giving them much encouragement. As a result of the success obtained at this point of trial, the same program was carried out in two middle schools and 15 elementary schools of our district during the first half of last year. To further consolidate the growth of this newborn enterprise, we organized the health-protection teachers of the various schools to offer three sessions on health occupational training, and from the 12,700 childrens in our district, we selected 2,178 young Red Cross health representatives. With the help of the red scarf little hospitals, the hospital completed the task of general inspection and cure of trachoma, measurement of height and weight among the 12,000 elementary school children. This group of red scarf little hospitals have performed a very great role in health work.

Block Residential Health Work: Block residential health work emphasizes the promotion of health education among the people, continuous improvement of knowledge about health among the masses, and organization of the masses to develop patriotic health movements to wipe out pests and eliminate diseases. In this type of work, we endeavor to unite



communist education with the central task, make use of every type of propaganda device, enlist every household to participate and provide repeated and lively explanation of the significance of eliminating pests and diseases, so that the mass of people will recognize that elimination of pests and diseases and maintenance of health are the basic approaches to improve the people's physical condition and labor productivity. After the start of mass discussion and debate, we have corrected the erroneous thinking of some people, who claimed that "they are too busy with production and have no time for health matters" or "they would only participate in health work where there is spot-inspection, but would ignore it when there is no spot inspection." The work of elimination of pests and diseases has thus been effectively promoted.

In a little more than a year, we have organized 70 propaganda teams, enlisted 1,039 propagandists and established 5 propaganda stations combining mobile as well as stationary devices. We have made full use of health supervisory posts, broadcasts, blackboard newspapers, and meetings to take advantage of every opportunity to carry out the propaganda work.

In organizing the masses to undertake the work of elimination of pests and diseases, we established in March 1959 a local headquarter for the direction of pest and disease control, consisting of the commune Party Committee secretary, the chiefs of various departments, and the representatives of official organizations, factories, schools, hospitals and stores in our district, who formed a committee of twelve. This committee met once a month to study and formulate work plans for the elimination of pests and diseases, to assign work and implement the directions of superior organs. Under the local headquarter, we formed leadership sections for each of the six branch communes, consisting of the branch commune Party Committee secretary, committee members for culture, education and health, and block health section chiefs. In every health spot-inspection movement, the Party Committee secretary and branch committee secretary personally took charge of the struggle. The responsible personnel of every level and all the cadres were stationed at their respective posts to supervise the movement. Therefore, we were able to carry out the work swiftly, demonstrate high quality and quantity, achieve great results and in time solve the problems effectively. The establishment of mass health organizations and maintenance of regular health procedures have ensured the progress of the work of elimination of pests and diseases. On the basis of full development of the masses, we have established general health supervisory posts, environmental health responsibility systems requiring three cleanings everyday, spot-inspection every week, general inspection twice a month

and competitive evaluation every month. On our principal thoroughfare (from Chungking Guest House to Kuan-yin-yen), we formed ten households into a group and organized 35 health groups, who were responsible for street sanitation and carried out the program of three cleanings every day, thus ensuring the regularization of public sanitation and health on the main thoroughfare.

In organizing spot-inspection tasks to eliminate pests and diseases we have organized and assigned a medical staff to penetrate the blocks, to rally the people to undertake work of prevention and cure during epidemic periods. During the spring of last year, in our attempt to stamp out meningitis, we organized 78 health technicians in conjunction with block health protection stations to form disease-prevention subsections and carried out a program of coptisroot nose drops. At the same time, we carried out examination to discover early symptoms of illnesses and effect prompt cures. On the other hand, we circulated educational propaganda, undertook thorough cleaning programs in the interest of sanitation and health and enforced critical area sterilization. During the process of prevention and cure, we established registration cards for nose-drop programs so that no one would be overlooked and everybody received the necessary treatment. In addition, we dispatched students to carry out nose-drop programs in every household and established nose-drop stations at street intersections on Sundays. Within a few days, we were able to control the spread of the disease in the critical areas of Ch'i-hsing-kang. In order to facilitate early discovery of epidemic conditions, prompt control of origin of contagious diseases and prompt isolation and cure, we have formed a network for the reporting of epidemic conditions on the basis of existing block-health-protection stations. All the health and medical staff who receive proper training are voluntary reporters. The discovery of any suspicious symptoms must be reported immediately to block health-protection stations.

The above is a report of the condition of commune health work since the establishment of our commune over a year ago.. In the future, we must strengthen the commune's industrial health work so that health work will provide ever better service for our production.

REPORT ON OUR COMMUNE'S SYSTEM OF MEDICAL  
TREATMENT AT PUBLIC EXPENSE PROVIDED BY  
THE PEOPLE DURING THE PAST YEAR

[The following is a translation of an article prepared by Wang-ssu People's Commune, Chiao-ho Hsien, Hopei Province in Jen-min Pao-chien, Volume II, No. 5, Peiping, May 1958, pp 278-280.]

Wang-ssu People's Commune has eleven administrative districts (kuan-li ch'u), 34 production teams (sheng-ch'an tui), 1,100 families, 50,543 inhabitants and a total arable land area of 194,000 mou including 35,000 mou low land and 53,500 mou rock-based land. In 1958, the average grain output per mou was 199 chin and the average annual per capita income was 38.44 yuan. In the field of medical organization, there are one health institute (wei-sheng yuan) with 20 beds, 11 district health offices (ch'u wei-sheng so) and a medical and pharmaceutical staff of 64 persons (including 34 Chinese-medicine doctors and 5 Western-medicine doctors). With regard to medical equipment, there are one microscope, one operating table, surgical tool case and obstetric tool case and etc. The current stock of medicine is valued at 18,951 yuan. Since 1 October 1958, Wang-ssu People's Commune, under the direction of local Party Committee, has put into effect a system of medical treatment at public expense provided by the people. After a year of very difficult operation, we have succeeded in maintaining the system in force. At the present, we have bumper harvest in agricultural output with average grain output of 301 chin per mou representing an increase of 51% and the commune members receive an average bonus of 72.34 yuan per person showing an increase of 85% over the last year. As a result, the system of medical treatment at public expense provided by the people has been successfully consolidated with improved production and livelihood. The following is a report of our one year's operation:

The method of operating our commune's system of medical treatment at public expense provided by the people is: Each commune member must pay medical fee of one yuan per year, and each of the commune's production teams must subsidize each member one yuan every year out of public welfare funds. Therefore, each member pays a medical fee of two yuan every year. The medical fees are to be collected and paid by the production teams to the commune in four annual installments, and the commune turns over the fund to the health institute to defray the entire year's medical expenses for all the commune members. The commune members entitled to medical treatment at public expense are given identification cards with

the name, sex, and age of every member in a family. Every family was given one identity card which must be checked by the doctor before giving treatment thus eliminating those who are not entitled to such treatment. Fourthly, with the development of subsidiary industries in each production team, the miscellaneous income of commune members was increased (such as income from cutting grass and sales of vegetables grown on self-retained lot) and the commune's Party Committee exercised strict supervision over the production teams to collect the public medical fees. By the end of September, 65% of the production teams paid the quarterly medical fees on time.

The third critical stage of medical treatment at public expense centered upon the change of organizational structure of the people's commune. In the process of decentralization of authority of the people's commune, a few of the cadres misunderstood the meaning of the principle of "to each according to his labor" and thought "whoever administers treatment is entitled to receive all the fees". The leaders of health institute also felt uncertain about this and did not know what to do. In the midst of the uncertainty and confusion, the Party Committee ordered the responsible officers of the health institute to interview the production teams for the collection of information and at the same time personally went among the masses to hear their opinion. In view of the fact that 70% of the leaders of production teams and overwhelming majority of the commune members supported the system of medical treatment at public expense, the commune's Party Committee, during the commune's reorganizational mass meeting, clearly decided to continue with the system.

The result of one year's operation of the system of medical treatment at public expense has proved that it is a very good system and possesses the following superior characteristics: (1) It has provided better safeguard to the physical health of the commune members, improved the work attendance record and effectively supported production. Since the inauguration of this system, the monthly frequency of treatment aside from the initial rush period has been kept below 20,000 visits, which more than doubled the previous rate. The illness of the commune members has been given prompt and suitable treatment preventing minor illness from developing into major illness and the absentee phenomenon. On the basis of typical investigation of the Yung-hsing-chuang production team, the whole team has 300 men and women of full and part-time labor, of which there had been 45 absentees in the past representing an attendance rate of 85%. In May of this year, the number of absentees due to sickness has been greatly reduced and the rate of attendance has been raised from 85% to 97%. Due to the regular coordinated work between the medical staff and the armed forces, it has not only aroused the working spirit of the commune members but also improved the work of medical treatment and prevention in the field. In March of this year, the commune's 3,000 civilian workers went to work at the Ta-lang-tien water reservoir, and due to the excellent work in prevention and cure, they maintained a full attendance record and finished the six days' work in four and half days.

which they are entitled to receive free medical treatment and medicines. However, each member must pay a fee of .05 yuan for each visit, .08 yuan for an outside call and a hospitalization fee of .05 yuan per day. When the treatment for each patient exceeds 50 yuan, half of the portion in excess of 50 yuan must be borne by the patient. When the patient is unable to pay, the balance may be partially or wholly subsidized by the production team's public welfare fund.

In consolidating our commune's system of medical treatment at public expense provided by the people, we have passed through three critical stages. The first stage was the onrush of patients to seek medical treatment. In the months of August and September before the implementation of this system, the entire commune's medical offices answered 8,110 calls averaging 0.16 call per person per month. In October and November following implementation of this system, the average monthly calls rose to 29,603, or 0.58 call per person per month, representing an increase of 3.6 times. Therefore, the medical staff was working under very heavy pressure. During the peak period, each doctor had to attend to 80 to 90 calls per day which left him with little time for meals and visits to the toilet. To solve this problem, the commune's Party Committee and hospital authority proceeded to analyze the situation and concluded that it occurred principally through the following causes: (1) The system of medical treatment at public expense has solved the problem of medical treatment for the impoverished masses, who for thousands of years have had no money to seek treatment for their sickness. As a result, they have brought their old sickness, new sickness, major illness and minor illness to seek treatment. (2) A few of the peasants felt that since the treatment is free, they must get all their worth by paying visits to the hospital whether they were sick or not. An old lady of a Wang-ssu production team once obtained six different kinds of medicine to be hoarded at home (eye medicine, coptisroot pills and headache pills, etc.). (3) During the early stage of communization, the principle of "to each according to his labor" has not been sufficiently enforced, and individual commune member did not possess a high degree of positive attitude toward work. Therefore, some of them pretended sickness or tried to avoid work under the pretext of sickness.

On the basis of the aforesaid conditions, the commune's Party Committee focused its attention on the education of the masses. Through large meetings as well as small gatherings, we explained to the people that medical treatment at public expense is a collective welfare project undertaken by the people themselves. Therefore, to strengthen the operation of this system is everybody's responsibility, and we criticized such erroneous thinking as "getting our money's worth" or "not worth the money we spend". With regard to those people who pretend sickness or dodge work under the pretext of sickness, we singled out a typical example and exposed him to publicity, mass debate and criticism. Therefore, we have accomplished basic correction of the problem. Secondly, we put in force a plan to charge patients for visits to the hospital, outside calls,

hospitalization and excessive medicinal expenses. The plan was put into operation as of 1 January 1959, and the phenomenon of patients' onrush has slowed down considerably. In January, we attended to 19,768 visits averaging 0.39 visit per person per month or 67% of the peak period (but still exceeding the frequency of visit before implementation of this system by 1.4 times). On the average, each doctor attends to 18-30 patients everyday (including outpatients and outside calls) and the pressure on the doctor has also been relieved.

The second critical stage was an economical crisis which determined whether or not this system of medical treatment at public expense could survive. The problem involved was: (1) The medical staff had not acquired the habit of exercising economy in dispensing medicines. Some of them were too lenient and employed expensive medicines when it was not necessary resulting in excessive expenses. Some of them were too strict and avoided using expensive medicine when it was needed. As a result, some commune members commented: "We don't receive good medicine any more since the start of medical treatment at public expense." (2) During the early period of communization, we did not enforce sufficiently the principle of "collectivizing only the big matters but allowing freedom in small matters", and therefore, the commune members did not receive much miscellaneous income. Consequently, the collection of medical fees from commune members was most difficult as frequently they were unable to pay. (3) The commune was burdened with very heavy expenditures in production and was unable to provide substantial subsidy for medical and medicinal expenses. (4) There were many loopholes in the system of medical treatment at public expense, and many people who were not entitled to such medical treatment were able to get in, thus increasing medical and medicinal expenses. Under the circumstance, the hospital was operating under extremely difficult financial conditions and was unable to replenish medicine supplies for two months causing great scarcity. Even wages for the medical staff were not paid on time. The life of the new system was hanging in balance.

To solve this problem, the commune's Party Committee, in the name of the commune, obtained a loan of 9,000 yuan from the bank in February 1959 and assigned the entire loan to the hospital to cover the purchase of medicine and payment of wages for the medical staff. Secondly, combining with the reorganization of hospital work, we proceeded with ideological education of the medical staff clearly indicating that the successful implementation of the system of medical treatment at public expense is an important undertaking in enforcing our policy based on prevention to support production and construction and demonstrate the humanitarian spirit of our revolution. We criticized the erroneous thinking of indiscriminate use of expensive medicine to please the patients or unreasonable and irresponsible economy in the use of medicine with total disregard of the patients' pain and suffering. We prevailed upon the medical staff to adopt the spirit of dispensing medicine according to needs based on good medical judgment. Thirdly, we adopted a more strict procedure and replaced the old identity cards with new ones, which contain

(2) We have completely overcome the capitalist view of operation concerning the basic medical organization, solved the problem of the medical staff's concern over the source of livelihood and carried out the policy based on prevention, thus reducing the outbreak of contagious diseases. Due to the fact that in the past, the wages of medical personnel were derived entirely from the medical expenses paid by the patients, the greater the number of patients, the more secure would be the livelihood of the medical personnel. Therefore, it was very difficult to uproot the capitalist view of operation of medical organization. The medical staff's concern over the source of their wages was a very natural problem. After the inauguration of the system of medical treatment at public expense, the medical fees for the masses were fixed. The fewer the patients, the greater would be the surplus of the medical organization and the more stable would be the livelihood of the medical personnel. This year, the average wage of medical personnel has increased from 23.40 yuan to 28.80 yuan. Due to the elimination of the objective elements affecting the development of health and preventive work of the medical personnel, such work has shown a marked improvement over the past greatly reducing the outbreak of diseases. During the winter and spring season of smallpox this year, the number of cases suffering from smallpox in this commune was only 48% of the same period in the past (128 cases this year as compared to 264 cases in the past). In the work of preventing typhoid fever and meningitis, the result was even more outstanding. There were seven cases of typhoid fever and two cases of meningitis in this commune last year but none this year.

(3) We have solved the difficulty of the impoverished masses who had no money to seek medical care for their illness, reduced the pain and sickness of the masses and reduced the number of deaths caused by sickness. The inauguration of this system has provided medical treatment for the poor people, which has been an outstanding achievement and most gratefully felt by the masses. On the basis of incomplete statistics, the entire commune has had 673 cases of serious sickness (including 405 young men and women) which have received emergency treatment or positive cure. There is the case of Chao Su-fen (female, 23 years of age), who suffered from tuberculosis and was unable to eat and drink for several days and whose condition was very nearly critical. After a check-up by the Ts'ang-hsien Hospital, she was returned to our hospital for treatment. She is fully recovered now and her medicine expense was a little more than 80 yuan. Tai Lien-ch'en (male, 50 years of age) suffered from an intestinal obstruction and was introduced to Po-chen Hospital for treatment, which lasted more than 20 days and cost him only 98.90 yuan. He has now returned to production. Huang Ping-feng (male, 24 years of age) suffered from "pai-nei-chang" and was unable to participate in production. He was referred to Tan-chuang Hospital for treatment. He has now returned to work and spent 51 yuan on medicine. Through the above measures, the number of deaths in our commune between January and September of this year is 118 as compared to 185 during the same period last year, representing a reduction of 67 deaths.

(4) We have developed and strengthened the medical and health work. The result of one year's operation has proved that the system of medical treatment at public expense is beneficial to the masses. It has supported production and developed and strengthened medical and health work. Before the inauguration of this system, there were eight district health offices, but now we have eleven. In the past, we had a working capital of only 7,500 yuan, but now we have 8,951 yuan. In the past, we did not have a microscope. Now we not only have a microscope but have also added 2,000 yuan worth of medical equipment. The commune health institute is now making plans for this fall to use the surplus of some 31,000 yuan accumulated in the public medical fund during the past year to renovate the outpatient's quarters of eleven rooms and expand its medical equipment.

(5) The system is beneficial to the continuance and development of our country's medical heritage. Owing to the fundamental revision of the system governing the payment of medical expenses, the many free and economical methods of treatment from the treasury of our traditional medical knowledge has received wide attention from and applied by our medical personnel. The number of patients receiving acupuncture treatment amounts to 8% of the total number of patients. The use of Chinese cedar bark to cure Catarrhus Intestinalis and Liu-i-san to prevent sunstroke has been widely popularized.

After a year's work, we have derived the following conclusion concerning the system of medical treatment at public expense: (1) The implementation of a system of medical treatment at public expense provided by the people has been the people's dream for thousands of years but it had never been materialized. Only after communization under our Party's leadership, has this dream at last become a reality, which fully demonstrates the superiority of the people's communes. (2) The strengthening of our Party's leadership in health endeavors and the adoption of concrete analysis of the concrete problems of medical treatment at public expense is the basic assurance in overcoming the three critical stages of the onrush of patients, economic crisis and the commune's reform of organizational structure. (3) In enforcing the system of medical treatment at public expense, we have encountered practical problems as well as ideological problems. To solve the ideological problem, we must maintain the principle of development through education. The solution of ideological problem of the mass and the medical personnel will release a powerful force. Through this force, some of the practical problems such as the excessive burden on the medical staff and application of economy in medical organizations can also be solved. (4) The operation of medical treatment at public expense requires no special material conditions. Wangssu People's Commune originally planned to collect a public medical fund of 99,770 yuan every year. Actually, for many reasons, they were able to collect only 68,243 yuan or 68% of the total fund. Although the fund has not been collected in full, the task has been relatively well accomplished. By taking into consideration the overall budget picture, our operation actually requires only 74,779 yuan annually, (because there has been some profit from cash medical treatment, and cadres' medical treatment at public



expense and also there was the income from registration fees under the procedure of medical treatment at public expense; hence although revenue is small, many problems have been solved) averaging 1.32 yuan per person per year. Therefore, the burden upon commune members and commune can be further reduced.

Under the illuminating guidance of our overall national policy, we have succeeded in achieving some small results, but we are still far from reaching the goal set for us by our Party and the people. Our commune's work on control of pests and diseases has not been developed as well as could be and there are still many problems remaining to be solved in health work concerning women and children. The work of training and developing part-time health-protection representatives and acupuncture specialists has not been sufficiently widespread. In many aspects, there is plenty of room for improvement. From now on, we must follow the Party's leadership, exert our utmost efforts to attain our goal. We shall use the progressive system of medical treatment at public expense provided by the people to develop health work on all fronts and strive continuously to raise labor productivity and support production and construction.